**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Apr 13 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # M81498 (1) TARTAN DEVELOPMENT CORPORATION Principal Place of Business Mailing Address % ANDREW H. MCEACHRON % ANDREW H. MCEACHRON P. O. BOX 1268 P. O. BOX 1268 WINTER PARK FL 32790-8268 WINTER PARK FL 32790-8268 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/16/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2890357 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \square \text{No} No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MCEACHRON, ANDREW H. 133 W. SWOOPE AVE. Street Address (P.O. Box Number is Not Acceptable) 62 WINTER PARK FL 32789 83 Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and tree if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE ☐ DELETE 11 TITLE Change Addition MCEACHRON, ANDREW H. NAME 1.2 NAME 135 W. Swarpe Hoc. 137 W. SWOOPE AVE. STREET ADDRESS 1.3 STREET ADDRESS WINTER PARK FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition 21 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CiTY+ST-ZIP CITY-ST-7IP DELETE 31 TITLE Change Addition TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE ☐ Change TITLE 4.1 TITLE Addition 4. 2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change Addition 5.1 THUE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplience tall annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

**6.3 STREET ADDRESS** 

6.2 NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Piercelan

3/26/20